



**THE HOPI TRIBE**  
Office of Revenue Commission  
P.O. BOX 123  
KYKOTSMOVI, ARIZONA 86039  
PHONE: (928) 734-3172  
FAX: (928) 734-3179

DATE STAMP

2013

BL# NHRL

OFFICE USE ONLY

## BUSINESS LICENSE APPLICATION - CONSTRUCTION PROJECTS

Please choose one of the following options:

☐ New Business

☐ License Renewal

Previous License Number: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ENTER THE NAME YOU WILL BE DOING BUSINESS AS. YOU MUST ADVERTISE AND OPERATE IN THE EXACT NAME LISTED.

Federal Employee Identification Number (EIN): \_\_\_\_\_

MAILING ADDRESS:

PHYSICAL ADDRESS:

STREET ADDRESS OR P.O. BOX

STREET ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

OWNERSHIP INFORMATION: Please choose one of the following.

☐ SOLE PROPRIETOR

☐ PARTNERSHIP

☐ CORPORATION

☐ LLC

☐ LLP

☐ LP

☐ OTHER

Name(s) of Owner(s) OR Entity Name \_\_\_\_\_

Clearly print name of Sole Proprietor (one individual owner) OR all partner names if a partnership (if necessary,  
list all partners on a separate page) OR Entity name if a Corporation, LLC, LLP, or LP.

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Hopi Reservation Project Location: \_\_\_\_\_

Type of work your company will perform at project site: \_\_\_\_\_

\*Attached separate sheet if necessary

Project Site Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

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Fee paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

TERO Approval Date: \_\_\_\_\_ HEPO Approval Date: \_\_\_\_\_ Date Issued: \_\_\_\_\_

ORC Approval Signature & Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**THE HOPI TRIBE**

OFFICE OF REVENUE COMMISSION

BUSINESS LICENSE APPLICATION - CONSTRUCTION CONTRACTORS

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Business License #

PLEASE INITIAL NEXT TO FOLLOWING. BY INITIALING, YOU HAVE AGREED THAT YOU UNDERSTAND THE INSTRUCTIONS AND WILL COMPLY WITH THE TERMS AND CONDITIONS OF THE HOPI TRIBES BUSINESS LICENSING PROCESS. **ANY SECTIONS NOT INITIALED WILL DELAY THE APPLICATION PROCESS.**

**ALL APPLICANTS**

I agree to contact the Tribal Employment Rights Office (**TERO**) at (928) 734-3162 or by email **CGrover@hopi.nsn.us**.

I agree to the contact the Hopi Environmental Protection Office (**HEPO**) at (928) 734-3632 or by email at **JArrieta@hopi.nsn.us**.

I have submitted evidence of General Liability Insurance with my application packet.

I understand that business license certificates are project specific and are valid only for the project specified on this application. I will apply for and obtain a business license for any other project I may secure in the future on the Hopi reservation.

**PRIMARY/GENERAL CONTRACTORS**

I agree to inform all sub-contractors working on the stated project, of the Business License process.

I agree to provide the Office of Revenue Commission a list of ALL sub-contractors that will work on the specified project. This list will include contact names and contact information.

I agree to not commence work, nor shall any of the listed sub-contractors commence work until the business license process is complete and a certificate is issued.

**BUSINESS LICENSE FEE:** Make check or money order payable to **The Hopi Tribe • Office of Revenue Commission**

Enter **awarded** contract amount: \_\_\_\_\_

Fee will be based on fee schedule according to awarded contract amount:

CONTRACT AMOUNT	FEE
Less than \$99,999.00	\$200.00
\$100,000.00 - \$399,999.00	\$300.00

CONTRACT AMOUNT	FEE
\$400,000.00 - \$649,999.000	\$400.00
\$650,000.00 and higher	\$500.00

I agree to comply with all provisions of Ordinance No. 17 of the Hopi Tribe and all business regulations applicable on the Hopi Reservation, be it Federal or Village Policies and I agree not to conduct any business activity on the Hopi reservation until my application is approved and a license is issued. I will comply and abide by all Federal, State, and Tribal laws while on the Hopi reservation and I understand that I have subjected the company and it's employees to the jurisdiction of the Hopi Tribe. I hereby certify that the information provided on this application is true and correct to the best of my knowledge, and any false information knowingly provided by me may lead to prosecution, penalties and/or revocation of my license under the provisions of Ordinance No. 17.

Signature

Date

mh 11/14/12